

CRP Physician Registration Form
COMMUNITY RESOURCE PHARMACY (CRP)
Hiram W. Davis Medical Center P.O. Box 4030, Petersburg, VA 23803
(804) 524 7657

CRP eligibility criteria include a requirement that prescribing practitioners have a direct affiliation with their local Community Services Board (CSB) or Behavioral Health Authority (BHA), the entity responsible for oversight and management of public funds supporting behavioral healthcare for medically indigent individuals.

The CSB/BHA Executive Director in your locality must provide documentation of your affiliation in order to prescribe medications from this pharmacy. This process will be updated yearly, as applicable.

When completed, please forward a copy to the CRP electronically (john.wall@co.dmhmrsas.virginia.gov) as well as a hard copy with the appropriate signatures noted below.

Please Print

Section I: Principle Practice locations

1. Affiliated CSB / BHA:	
I. Name:	Account Number:
II. Name:	Account Number:
III. Name:	Account Number:
2. CSB / BHA / <u>Clinic Name(s)</u> , if applicable:	Account Number:
I. Name:	Account Number:
II. Name:	Account Number:
III. Name:	

Section II: Prescriber demographics

1. Physician Name:
2. License to Practice Medicine: a. Virginia License Number: b. Most recent date issued: <i>(Expires yearly every June 30th)</i> c. Drug Enforcement Administration (DEA) Registration Number: <i>DEA number required for prescribing Federally Controlled Substances</i>
3. Medicaid Provider Number: a. Is this Medicaid Provider number specific to a CSB/BHA? <input type="checkbox"/> Yes <input type="checkbox"/> No b. If so, which CSB/BHA?
Prescriber Signature: _____ Date: _____